

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$101,981,594	\$73,853,000	(\$28,128,594)	-28%
2	Short Term Investments	\$1,406,712	\$33,203,000	\$31,796,288	2260%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$60,533,795	\$60,915,000	\$381,205	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,502,581	\$5,076,000	\$573,419	13%
5	Due From Affiliates	\$0	(\$4,222,000)	(\$4,222,000)	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,826,487	\$7,080,000	\$1,253,513	22%
8	Prepaid Expenses	\$6,568,079	\$5,605,000	(\$963,079)	-15%
9	Other Current Assets	\$6,432,865	\$897,000	(\$5,535,865)	-86%
	Total Current Assets	\$187,252,113	\$182,407,000	(\$4,845,113)	-3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$43,233,016	\$48,538,000	\$5,304,984	12%
2	Board Designated for Capital Acquisition	\$16,277,493	\$19,234,000	\$2,956,507	18%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$5,752,021	\$5,203,000	(\$549,021)	-10%
	Total Noncurrent Assets Whose Use is Limited:	\$65,262,530	\$72,975,000	\$7,712,470	12%
5	Interest in Net Assets of Foundation	\$5,559,134	\$12,789,000	\$7,229,866	130%
6	Long Term Investments	\$15,269,027	\$16,939,000	\$1,669,973	11%
7	Other Noncurrent Assets	\$1,874,185	\$2,179,000	\$304,815	16%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$926,506,725	\$830,736,000	(\$95,770,725)	-10%
2	Less: Accumulated Depreciation	\$480,485,719	\$402,898,000	(\$77,587,719)	-16%
	Property, Plant and Equipment, Net	\$446,021,006	\$427,838,000	(\$18,183,006)	-4%
3	Construction in Progress	\$7,301,579	\$15,793,000	\$8,491,421	116%
	Total Net Fixed Assets	\$453,322,585	\$443,631,000	(\$9,691,585)	-2%
	Total Assets	\$728,539,574	\$730,920,000	\$2,380,426	0%

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FISCAL YEAR 2012					
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		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$30,550,766	\$32,461,000	\$1,910,234	6%
2	Salaries, Wages and Payroll Taxes	\$30,428,478	\$33,033,000	\$2,604,522	9%
3	Due To Third Party Payers	\$5,106,086	\$2,602,000	(\$2,504,086)	-49%
4	Due To Affiliates	\$7,507,317	\$0	(\$7,507,317)	-100%
5	Current Portion of Long Term Debt	\$6,140,523	\$6,950,000	\$809,477	13%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$5,784,643	\$6,559,000	\$774,357	13%
	Total Current Liabilities	\$85,517,813	\$81,605,000	(\$3,912,813)	-5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$266,003,820	\$258,965,000	(\$7,038,820)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$266,003,820	\$258,965,000	(\$7,038,820)	-3%
3	Accrued Pension Liability	\$256,801,688	\$286,980,000	\$30,178,312	12%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$522,805,508	\$545,945,000	\$23,139,492	4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$35,068,974	\$5,944,000	(\$29,124,974)	-83%
2	Temporarily Restricted Net Assets	\$37,628,750	\$44,602,000	\$6,973,250	19%
3	Permanently Restricted Net Assets	\$47,518,529	\$52,824,000	\$5,305,471	11%
	Total Net Assets	\$120,216,253	\$103,370,000	(\$16,846,253)	-14%
	Total Liabilities and Net Assets	\$728,539,574	\$730,920,000	\$2,380,426	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,568,373,476	\$1,757,658,000	\$189,284,524	12%
2	Less: Allowances	\$942,679,517	\$1,093,518,000	\$150,838,483	16%
3	Less: Charity Care	\$12,952,578	\$18,675,467	\$5,722,889	44%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$612,741,381	\$645,464,533	\$32,723,152	5%
5	Other Operating Revenue	\$24,517,993	\$31,085,511	\$6,567,518	27%
6	Net Assets Released from Restrictions	\$6,351,672	\$6,813,522	\$461,850	7%
	Total Operating Revenue	\$643,611,046	\$683,363,566	\$39,752,520	6%
B. Operating Expenses:					
1	Salaries and Wages	\$240,077,566	\$243,949,763	\$3,872,197	2%
2	Fringe Benefits	\$60,881,413	\$66,714,305	\$5,832,892	10%
3	Physicians Fees	\$38,670,694	\$47,528,057	\$8,857,363	23%
4	Supplies and Drugs	\$109,430,520	\$108,388,122	(\$1,042,398)	-1%
5	Depreciation and Amortization	\$28,954,676	\$34,807,794	\$5,853,118	20%
6	Bad Debts	\$15,406,823	\$18,629,069	\$3,222,246	21%
7	Interest	\$9,560,860	\$11,964,520	\$2,403,660	25%
8	Malpractice	\$12,169,891	\$13,797,528	\$1,627,637	13%
9	Other Operating Expenses	\$131,625,357	\$129,051,541	(\$2,573,816)	-2%
	Total Operating Expenses	\$646,777,800	\$674,830,699	\$28,052,899	4%
	Income/(Loss) From Operations	(\$3,166,754)	\$8,532,867	\$11,699,621	-369%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,057,957)	\$328,120	\$1,386,077	-131%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$11,645,163)	(\$11,122,289)	\$522,874	-4%
	Total Non-Operating Revenue	(\$12,703,120)	(\$10,794,169)	\$1,908,951	-15%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$15,869,874)	(\$2,261,302)	\$13,608,572	-86%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$15,869,874)	(\$2,261,302)	\$13,608,572	-86%
	Principal Payments	\$11,019,826	\$6,229,356	(\$4,790,470)	-43%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$388,418,360	\$403,492,617	\$15,074,257	4%
2	MEDICARE MANAGED CARE	\$93,111,071	\$116,784,476	\$23,673,405	25%
3	MEDICAID	\$108,098,988	\$176,646,793	\$68,547,805	63%
4	MEDICAID MANAGED CARE	\$62,678,517	\$17,961,645	(\$44,716,872)	-71%
5	CHAMPUS/TRICARE	\$2,489,908	\$2,301,100	(\$188,808)	-8%
6	COMMERCIAL INSURANCE	\$15,003,122	\$17,060,440	\$2,057,318	14%
7	NON-GOVERNMENT MANAGED CARE	\$230,129,872	\$245,845,809	\$15,715,937	7%
8	WORKER'S COMPENSATION	\$4,447,782	\$5,682,413	\$1,234,631	28%
9	SELF- PAY/UNINSURED	\$4,552,529	\$6,293,659	\$1,741,130	38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$908,930,149	\$992,068,952	\$83,138,803	9%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$168,641,124	\$183,366,916	\$14,725,792	9%
2	MEDICARE MANAGED CARE	\$52,215,992	\$65,338,033	\$13,122,041	25%
3	MEDICAID	\$83,225,695	\$162,761,503	\$79,535,808	96%
4	MEDICAID MANAGED CARE	\$52,312,952	\$14,711,737	(\$37,601,215)	-72%
5	CHAMPUS/TRICARE	\$2,471,205	\$2,514,310	\$43,105	2%
6	COMMERCIAL INSURANCE	\$25,625,632	\$27,877,643	\$2,252,011	9%
7	NON-GOVERNMENT MANAGED CARE	\$246,729,109	\$275,811,560	\$29,082,451	12%
8	WORKER'S COMPENSATION	\$5,897,484	\$6,265,559	\$368,075	6%
9	SELF- PAY/UNINSURED	\$22,324,134	\$26,942,117	\$4,617,983	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$659,443,327	\$765,589,378	\$106,146,051	16%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$557,059,484	\$586,859,533	\$29,800,049	5%
2	MEDICARE MANAGED CARE	\$145,327,063	\$182,122,509	\$36,795,446	25%
3	MEDICAID	\$191,324,683	\$339,408,296	\$148,083,613	77%
4	MEDICAID MANAGED CARE	\$114,991,469	\$32,673,382	(\$82,318,087)	-72%
5	CHAMPUS/TRICARE	\$4,961,113	\$4,815,410	(\$145,703)	-3%
6	COMMERCIAL INSURANCE	\$40,628,754	\$44,938,083	\$4,309,329	11%
7	NON-GOVERNMENT MANAGED CARE	\$476,858,981	\$521,657,369	\$44,798,388	9%
8	WORKER'S COMPENSATION	\$10,345,266	\$11,947,972	\$1,602,706	15%
9	SELF- PAY/UNINSURED	\$26,876,663	\$33,235,776	\$6,359,113	24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,568,373,476	\$1,757,658,330	\$189,284,854	12%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$167,122,577	\$167,909,894	\$787,317	0%
2	MEDICARE MANAGED CARE	\$38,615,698	\$43,287,693	\$4,671,995	12%
3	MEDICAID	\$27,020,065	\$49,758,701	\$22,738,636	84%
4	MEDICAID MANAGED CARE	\$20,428,458	\$5,312,870	(\$15,115,588)	-74%
5	CHAMPUS/TRICARE	\$1,048,854	\$375,832	(\$673,022)	-64%
6	COMMERCIAL INSURANCE	\$7,790,766	\$11,419,625	\$3,628,859	47%
7	NON-GOVERNMENT MANAGED CARE	\$135,955,209	\$141,229,006	\$5,273,797	4%
8	WORKER'S COMPENSATION	\$3,544,998	\$3,884,689	\$339,691	10%
9	SELF- PAY/UNINSURED	\$1,015,451	\$232,591	(\$782,860)	-77%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$402,542,076	\$423,410,901	\$20,868,825	5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$39,347,771	\$38,831,695	(\$516,076)	-1%
2	MEDICARE MANAGED CARE	\$13,370,345	\$14,952,117	\$1,581,772	12%
3	MEDICAID	\$16,036,659	\$36,967,388	\$20,930,729	131%
4	MEDICAID MANAGED CARE	\$13,100,985	\$1,988,493	(\$11,112,492)	-85%
5	CHAMPUS/TRICARE	\$652,952	\$518,654	(\$134,298)	-21%
6	COMMERCIAL INSURANCE	\$12,227,021	\$15,207,951	\$2,980,930	24%
7	NON-GOVERNMENT MANAGED CARE	\$93,363,518	\$103,635,018	\$10,271,500	11%
8	WORKER'S COMPENSATION	\$4,218,882	\$4,411,053	\$192,171	5%
9	SELF- PAY/UNINSURED	\$5,358,874	\$743,821	(\$4,615,053)	-86%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$197,677,007	\$217,256,190	\$19,579,183	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$206,470,348	\$206,741,589	\$271,241	0%
2	MEDICARE MANAGED CARE	\$51,986,043	\$58,239,810	\$6,253,767	12%
3	MEDICAID	\$43,056,724	\$86,726,089	\$43,669,365	101%
4	MEDICAID MANAGED CARE	\$33,529,443	\$7,301,363	(\$26,228,080)	-78%
5	CHAMPUS/TRICARE	\$1,701,806	\$894,486	(\$807,320)	-47%
6	COMMERCIAL INSURANCE	\$20,017,787	\$26,627,576	\$6,609,789	33%
7	NON-GOVERNMENT MANAGED CARE	\$229,318,727	\$244,864,024	\$15,545,297	7%
8	WORKER'S COMPENSATION	\$7,763,880	\$8,295,742	\$531,862	7%
9	SELF- PAY/UNINSURED	\$6,374,325	\$976,412	(\$5,397,913)	-85%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$600,219,083	\$640,667,091	\$40,448,008	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	10,993	10,837	(156)	-1%
2	MEDICARE MANAGED CARE	2,692	3,024	332	12%
3	MEDICAID	3,541	6,872	3,331	94%
4	MEDICAID MANAGED CARE	3,906	1,000	(2,906)	-74%
5	CHAMPUS/TRICARE	95	89	(6)	-6%
6	COMMERCIAL INSURANCE	652	647	(5)	-1%
7	NON-GOVERNMENT MANAGED CARE	9,593	9,214	(379)	-4%
8	WORKER'S COMPENSATION	151	175	24	16%
9	SELF- PAY/UNINSURED	219	253	34	16%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	31,842	32,111	269	1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	62,638	60,196	(2,442)	-4%
2	MEDICARE MANAGED CARE	14,297	16,396	2,099	15%
3	MEDICAID	20,420	34,288	13,868	68%
4	MEDICAID MANAGED CARE	17,812	4,956	(12,856)	-72%
5	CHAMPUS/TRICARE	427	348	(79)	-19%
6	COMMERCIAL INSURANCE	2,507	2,650	143	6%
7	NON-GOVERNMENT MANAGED CARE	38,693	37,336	(1,357)	-4%
8	WORKER'S COMPENSATION	512	565	53	10%
9	SELF- PAY/UNINSURED	653	799	146	22%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	157,959	157,534	(425)	0%
C.	OUTPATIENT VISITS				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	55,308	52,363	(2,945)	-5%
2	MEDICARE MANAGED CARE	18,138	19,341	1,203	7%
3	MEDICAID	47,539	86,009	38,470	81%
4	MEDICAID MANAGED CARE	50,777	11,523	(39,254)	-77%
5	CHAMPUS/TRICARE	988	811	(177)	-18%
6	COMMERCIAL INSURANCE	10,187	8,650	(1,537)	-15%
7	NON-GOVERNMENT MANAGED CARE	95,033	88,132	(6,901)	-7%
8	WORKER'S COMPENSATION	2,382	2,260	(122)	-5%
9	SELF- PAY/UNINSURED	17,019	17,217	198	1%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	297,371	286,306	(11,065)	-4%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$37,932,083	\$47,006,012	\$9,073,929	24%
2	MEDICARE MANAGED CARE	\$11,606,386	\$18,479,670	\$6,873,284	59%
3	MEDICAID	\$38,846,381	\$81,577,583	\$42,731,202	110%
4	MEDICAID MANAGED CARE	\$22,438,444	\$7,013,044	(\$15,425,400)	-69%
5	CHAMPUS/TRICARE	\$542,641	\$533,787	(\$8,854)	-2%
6	COMMERCIAL INSURANCE	\$6,099,347	\$7,629,547	\$1,530,200	25%
7	NON-GOVERNMENT MANAGED CARE	\$45,088,871	\$57,497,754	\$12,408,883	28%
8	WORKER'S COMPENSATION	\$3,146,712	\$3,626,109	\$479,397	15%
9	SELF- PAY/UNINSURED	\$13,770,296	\$17,669,566	\$3,899,270	28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$179,471,161	\$241,033,072	\$61,561,911	34%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,583,259	\$6,708,732	\$125,473	2%
2	MEDICARE MANAGED CARE	\$2,153,121	\$2,761,188	\$608,067	28%
3	MEDICAID	\$5,367,513	\$10,149,310	\$4,781,797	89%
4	MEDICAID MANAGED CARE	\$3,607,505	\$997,266	(\$2,610,239)	-72%
5	CHAMPUS/TRICARE	\$115,839	\$105,130	(\$10,709)	-9%
6	COMMERCIAL INSURANCE	\$2,820,110	\$3,299,585	\$479,475	17%
7	NON-GOVERNMENT MANAGED CARE	\$15,717,052	\$20,662,643	\$4,945,591	31%
8	WORKER'S COMPENSATION	\$1,957,640	\$2,372,979	\$415,339	21%
9	SELF- PAY/UNINSURED	\$232,391	\$301,097	\$68,706	30%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$38,554,430	\$47,357,930	\$8,803,500	23%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	9,112	9,365	253	3%
2	MEDICARE MANAGED CARE	2,690	3,380	690	26%
3	MEDICAID	13,950	24,791	10,841	78%
4	MEDICAID MANAGED CARE	10,453	2,641	(7,812)	-75%
5	CHAMPUS/TRICARE	162	142	(20)	-12%
6	COMMERCIAL INSURANCE	1,683	1,682	(1)	0%
7	NON-GOVERNMENT MANAGED CARE	11,856	13,076	1,220	10%
8	WORKER'S COMPENSATION	1,330	1,341	11	1%
9	SELF- PAY/UNINSURED	5,761	6,129	368	6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	56,997	62,547	5,550	10%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$104,116,810	\$96,936,155	(\$7,180,655)	-7%
2	Physician Salaries	\$10,413,391	\$4,418,450	(\$5,994,941)	-58%
3	Non-Nursing, Non-Physician Salaries	\$125,547,365	\$142,595,158	\$17,047,793	14%
	Total Salaries & Wages	\$240,077,566	\$243,949,763	\$3,872,197	2%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$26,422,533	\$26,485,580	\$63,047	0%
2	Physician Fringe Benefits	\$2,617,901	\$1,200,857	(\$1,417,044)	-54%
3	Non-Nursing, Non-Physician Fringe Benefits	\$31,840,979	\$39,027,868	\$7,186,889	23%
	Total Fringe Benefits	\$60,881,413	\$66,714,305	\$5,832,892	10%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$2,215,024	\$5,166,564	\$2,951,540	133%
2	Physician Fees	\$38,670,694	\$47,528,057	\$8,857,363	23%
3	Non-Nursing, Non-Physician Fees	\$10,315,605	\$11,723,676	\$1,408,071	14%
	Total Contractual Labor Fees	\$51,201,323	\$64,418,297	\$13,216,974	26%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$75,080,966	\$73,466,929	(\$1,614,037)	-2%
2	Pharmaceutical Costs	\$34,349,554	\$34,921,193	\$571,639	2%
	Total Medical Supplies and Pharmaceutical Cost	\$109,430,520	\$108,388,122	(\$1,042,398)	-1%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$9,823,642	\$13,239,936	\$3,416,294	35%
2	Depreciation-Equipment	\$18,689,088	\$21,037,464	\$2,348,376	13%
3	Amortization	\$441,946	\$530,394	\$88,448	20%
	Total Depreciation and Amortization	\$28,954,676	\$34,807,794	\$5,853,118	20%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$15,406,823	\$18,629,069	\$3,222,246	21%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$9,560,860	\$11,964,520	\$2,403,660	25%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$12,169,891	\$13,797,528	\$1,627,637	13%
I.	<u>Utilities:</u>				
1	Water	\$575,781	\$674,769	\$98,988	17%
2	Natural Gas	\$2,785,510	\$2,850,186	\$64,676	2%
3	Oil	\$41,725	\$51,658	\$9,933	24%
4	Electricity	\$7,432,125	\$6,888,595	(\$543,530)	-7%
5	Telephone	\$928,164	\$1,755,876	\$827,712	89%
6	Other Utilities	\$21,564	\$0	(\$21,564)	-100%
	Total Utilities	\$11,784,869	\$12,221,084	\$436,215	4%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$366,411	\$359,175	(\$7,236)	-2%
2	Legal Fees	\$17,790,647	\$2,844,059	(\$14,946,588)	-84%
3	Consulting Fees	\$7,813,981	\$8,729,154	\$915,173	12%
4	Dues and Membership	\$1,550,739	\$1,858,541	\$307,802	20%
5	Equipment Leases	\$2,682,304	\$2,934,566	\$252,262	9%
6	Building Leases	\$3,048,333	\$3,285,222	\$236,889	8%
7	Repairs and Maintenance	\$13,104,238	\$14,126,454	\$1,022,216	8%
8	Insurance	\$838,857	\$1,085,396	\$246,539	29%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$824,009	\$959,694	\$135,685	16%
10	Conferences	\$556,848	\$901,222	\$344,374	62%
11	Property Tax	\$1,290,011	\$1,562,599	\$272,588	21%
12	General Supplies	\$17,168,751	\$4,173,957	(\$12,994,794)	-76%
13	Licenses and Subscriptions	\$608,416	\$616,567	\$8,151	1%
14	Postage and Shipping	\$567,700	\$600,720	\$33,020	6%
15	Advertising	\$1,994,482	\$1,990,339	(\$4,143)	0%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$7,247,879	\$7,247,879	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$4,121,397	\$4,121,397	0%
20	Lab Fees / Red Cross charges	\$0	\$6,040,336	\$6,040,336	0%
21	Billing & Collection / Bank Fees	\$0	\$2,293,879	\$2,293,879	0%
22	Recruiting / Employee Education & Recognition	\$0	\$834,604	\$834,604	0%
23	Laundry / Linen	\$0	\$2,678	\$2,678	0%
24	Professional / Physician Fees	\$0	\$10,409	\$10,409	0%
25	Waste disposal	\$0	\$13,147	\$13,147	0%
26	Purchased Services - Medical	\$0	\$217,257	\$217,257	0%
27	Purchased Services - Non Medical	\$0	\$330,880	\$330,880	0%
28	Other Business Expenses	\$8,372,030	\$2,366,140	(\$6,005,890)	-72%
	Total Business Expenses	\$78,577,757	\$69,506,271	(\$9,071,486)	-12%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$28,732,102	\$30,433,946	\$1,701,844	6%
	Total Operating Expenses - All Expense Categories*	\$646,777,800	\$674,830,699	\$28,052,899	4%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$111,837,928	\$111,105,982	(\$731,946)	-1%
2	General Accounting	\$2,145,744	\$2,293,844	\$148,100	7%
3	Patient Billing & Collection	\$7,569,210	\$7,591,741	\$22,531	0%
4	Admitting / Registration Office	\$3,003,671	\$3,237,908	\$234,237	8%
5	Data Processing	\$12,331,282	\$14,973,122	\$2,641,840	21%
6	Communications	\$11,421,837	\$12,146,281	\$724,444	6%
7	Personnel	\$4,366,157	\$8,051,391	\$3,685,234	84%
8	Public Relations	\$2,612,756	\$2,663,985	\$51,229	2%
9	Purchasing	\$2,290,867	\$2,845,719	\$554,852	24%
10	Dietary and Cafeteria	\$7,874,520	\$6,872,663	(\$1,001,857)	-13%
11	Housekeeping	\$7,868,943	\$8,481,997	\$613,054	8%
12	Laundry & Linen	\$3,684,367	\$4,509,282	\$824,915	22%
13	Operation of Plant	\$16,090,230	\$16,670,831	\$580,601	4%
14	Security	\$2,767,345	\$2,801,767	\$34,422	1%
15	Repairs and Maintenance	\$7,354,510	\$7,474,267	\$119,757	2%
16	Central Sterile Supply	\$4,215,905	\$4,583,850	\$367,945	9%
17	Pharmacy Department	\$38,024,492	\$36,450,886	(\$1,573,606)	-4%
18	Other General Services	\$63,555,661	\$69,242,840	\$5,687,179	9%
	Total General Services	\$309,015,425	\$321,998,356	\$12,982,931	4%
B.	Professional Services:				
1	Medical Care Administration	\$23,627,509	\$28,038,950	\$4,411,441	19%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$6,509,539	\$7,763,750	\$1,254,211	19%
4	Medical Records	\$5,941,743	\$6,499,072	\$557,329	9%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
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FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$4,462,398	\$4,726,695	\$264,297	6%
6	Other Professional Services	\$21,437,211	\$22,867,770	\$1,430,559	7%
	Total Professional Services	\$61,978,400	\$69,896,237	\$7,917,837	13%
C.	<u>Special Services:</u>				
1	Operating Room	\$47,636,832	\$49,428,644	\$1,791,812	4%
2	Recovery Room	\$3,170,130	\$3,234,552	\$64,422	2%
3	Anesthesiology	\$3,570,736	\$3,429,341	(\$141,395)	-4%
4	Delivery Room	\$5,039,967	\$5,127,813	\$87,846	2%
5	Diagnostic Radiology	\$8,991,101	\$9,497,128	\$506,027	6%
6	Diagnostic Ultrasound	\$965,056	\$2,459,323	\$1,494,267	155%
7	Radiation Therapy	\$3,805,917	\$4,106,199	\$300,282	8%
8	Radioisotopes	\$1,613,311	\$1,450,856	(\$162,455)	-10%
9	CT Scan	\$2,105,148	\$2,154,752	\$49,604	2%
10	Laboratory	\$23,932,749	\$25,010,722	\$1,077,973	5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$16,038,845	\$16,219,418	\$180,573	1%
13	Electrocardiology	\$463,953	\$409,572	(\$54,381)	-12%
14	Electroencephalography	\$715,003	\$1,062,788	\$347,785	49%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,116,435	\$3,206,953	\$90,518	3%
19	Pulmonary Function	\$1,552,207	\$1,622,752	\$70,545	5%
20	Intravenous Therapy	\$1,651,280	\$1,605,454	(\$45,826)	-3%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$748,048	\$688,732	(\$59,316)	-8%
23	Renal Dialysis	\$1,539,824	\$1,672,770	\$132,946	9%
24	Emergency Room	\$22,130,519	\$15,987,594	(\$6,142,925)	-28%
25	MRI	\$2,529,154	\$2,470,034	(\$59,120)	-2%
26	PET Scan	\$526,997	\$575,883	\$48,886	9%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,161,442	\$5,292,932	\$131,490	3%
29	Sleep Center	\$475,627	\$393,568	(\$82,059)	-17%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$7,718,797	\$8,506,399	\$787,602	10%
32	Occupational Therapy / Physical Therapy	\$2,842,756	\$3,322,809	\$480,053	17%
33	Dental Clinic	\$1,371,452	\$1,335,823	(\$35,629)	-3%
34	Other Special Services	\$5,102,754	\$2,642,137	(\$2,460,617)	-48%
	Total Special Services	\$174,516,040	\$172,914,948	(\$1,601,092)	-1%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$50,009,771	\$56,126,124	\$6,116,353	12%
2	Intensive Care Unit	\$6,695,404	\$7,035,590	\$340,186	5%
3	Coronary Care Unit	\$5,025,742	\$5,716,176	\$690,434	14%
4	Psychiatric Unit	\$6,738,328	\$7,219,759	\$481,431	7%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,212,177	\$4,358,632	\$146,455	3%
7	Newborn Nursery Unit	\$36,141	\$45,111	\$8,970	25%
8	Neonatal ICU	\$4,393,808	\$4,421,654	\$27,846	1%
9	Rehabilitation Unit	\$0	\$312	\$312	0%
10	Ambulatory Surgery	\$11,428,835	\$11,679,713	\$250,878	2%
11	Home Care	\$679,065	\$700,250	\$21,185	3%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$575,650,377	\$ 612,741,381	\$645,464,533
2	Other Operating Revenue	41,217,606	30,869,665	37,899,033
3	Total Operating Revenue	\$616,867,983	\$643,611,046	\$683,363,566
4	Total Operating Expenses	614,686,051	646,777,800	674,830,699
5	Income/(Loss) From Operations	\$2,181,932	(\$3,166,754)	\$8,532,867
6	Total Non-Operating Revenue	(9,227,596)	(12,703,120)	(10,794,169)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$7,045,664)	(\$15,869,874)	(\$2,261,302)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.36%	-0.50%	1.27%
2	Hospital Non Operating Margin	-1.52%	-2.01%	-1.60%
3	Hospital Total Margin	-1.16%	-2.52%	-0.34%
4	Income/(Loss) From Operations	\$2,181,932	(\$3,166,754)	\$8,532,867
5	Total Operating Revenue	\$616,867,983	\$643,611,046	\$683,363,566
6	Total Non-Operating Revenue	(\$9,227,596)	(\$12,703,120)	(\$10,794,169)
7	Total Revenue	\$607,640,387	\$630,907,926	\$672,569,397
8	Excess/(Deficiency) of Revenue Over Expenses	(\$7,045,664)	(\$15,869,874)	(\$2,261,302)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$84,991,510	\$35,068,974	\$5,944,000
2	Hospital Total Net Assets	\$170,267,416	\$120,216,253	\$103,370,000
3	Hospital Change in Total Net Assets	(\$14,059,053)	(\$50,051,163)	(\$16,846,253)
4	Hospital Change in Total Net Assets %	92.4%	-29.4%	-14.0%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.43	0.41	0.38
2	Total Operating Expenses	\$614,686,051	\$646,777,800	\$674,830,699
3	Total Gross Revenue	\$1,404,989,047	\$1,568,373,476	\$1,757,658,330
4	Total Other Operating Revenue	\$29,113,845	\$24,517,993	\$31,085,511
5	<u>Private Payment to Cost Ratio</u>	1.17	1.20	1.28
6	Total Non-Government Payments	\$252,839,957	\$263,474,719	\$280,763,754

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$3,309,289	\$6,374,325	\$976,412
8	Total Non-Government Charges	\$525,333,144	\$554,709,664	\$611,779,200
9	Total Uninsured Charges	\$27,510,697	\$26,876,663	\$33,235,776
10	Medicare Payment to Cost Ratio	0.95	0.91	0.91
11	Total Medicare Payments	\$249,778,038	\$258,456,391	\$264,981,399
12	Total Medicare Charges	\$613,304,183	\$702,386,547	\$768,982,042
13	Medicaid Payment to Cost Ratio	0.62	0.62	0.67
14	Total Medicaid Payments	\$59,129,523	\$76,586,167	\$94,027,452
15	Total Medicaid Charges	\$223,274,924	\$306,316,152	\$372,081,678
16	Uncompensated Care Cost	\$10,380,074	\$8,328,115	\$9,333,365
17	Charity Care	\$5,320,840	\$5,103,750	\$6,110,468
18	Bad Debts	\$18,896,554	\$15,406,823	\$18,629,069
19	Total Uncompensated Care	\$24,217,394	\$20,510,573	\$24,739,537
20	Uncompensated Care % of Total Expenses	1.7%	1.3%	1.4%
21	Total Operating Expenses	\$614,686,051	\$646,777,800	\$674,830,699
E. Liquidity Measures Summary				
1	Current Ratio	1.59	2.19	2.24
2	Total Current Assets	\$192,618,645	\$187,252,113	\$182,407,000
3	Total Current Liabilities	\$121,314,997	\$85,517,813	\$81,605,000
4	Days Cash on Hand	70	61	61
5	Cash and Cash Equivalents	\$111,167,660	\$101,981,594	\$73,853,000
6	Short Term Investments	1,455,884	1,406,712	33,203,000
7	Total Cash and Short Term Investments	\$112,623,544	\$103,388,306	\$107,056,000
8	Total Operating Expenses	\$614,686,051	\$646,777,800	\$674,830,699
9	Depreciation Expense	\$25,239,204	\$28,954,676	\$34,807,794
10	Operating Expenses less Depreciation Expense	\$589,446,847	\$617,823,124	\$640,022,905
11	Days Revenue in Patient Accounts Receivable	37.96	33.02	32.98

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 57,915,444	\$ 60,533,795	\$ 60,915,000
13	Due From Third Party Payers	\$1,950,767	\$0	\$0
14	Due To Third Party Payers	\$0	\$5,106,086	\$2,602,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 59,866,211	\$ 55,427,709	\$ 58,313,000
16	Total Net Patient Revenue	\$575,650,377	\$ 612,741,381	\$ 645,464,533
17	Average Payment Period	75.12	50.52	46.54
18	Total Current Liabilities	\$121,314,997	\$85,517,813	\$81,605,000
19	Total Operating Expenses	\$614,686,051	\$646,777,800	\$674,830,699
20	Depreciation Expense	\$25,239,204	\$28,954,676	\$34,807,794
21	Total Operating Expenses less Depreciation Expense	\$589,446,847	\$617,823,124	\$640,022,905
F. Solvency Measures Summary				
1	Equity Financing Ratio	23.3	16.5	14.1
2	Total Net Assets	\$170,267,416	\$120,216,253	\$103,370,000
3	Total Assets	\$731,602,214	\$728,539,574	\$730,920,000
4	Cash Flow to Total Debt Ratio	5.1	3.7	9.6
5	Excess/(Deficiency) of Revenues Over Expenses	(\$7,045,664)	(\$15,869,874)	(\$2,261,302)
6	Depreciation Expense	\$25,239,204	\$28,954,676	\$34,807,794
7	Excess of Revenues Over Expenses and Depreciation Expense	\$18,193,540	\$13,084,802	\$32,546,492
8	Total Current Liabilities	\$121,314,997	\$85,517,813	\$81,605,000
9	Total Long Term Debt	\$236,199,465	\$266,003,820	\$258,965,000
10	Total Current Liabilities and Total Long Term Debt	\$357,514,462	\$351,521,633	\$340,570,000
11	Long Term Debt to Capitalization Ratio	58.1	68.9	71.5
12	Total Long Term Debt	\$236,199,465	\$266,003,820	\$258,965,000
13	Total Net Assets	\$170,267,416	\$120,216,253	\$103,370,000
14	Total Long Term Debt and Total Net Assets	\$406,466,881	\$386,220,073	\$362,335,000
15	Debt Service Coverage Ratio	1.8	1.1	2.4
16	Excess Revenues over Expenses	(\$7,045,664)	(\$15,869,874)	(\$2,261,302)
17	Interest Expense	\$8,911,665	\$9,560,860	\$11,964,520
18	Depreciation and Amortization Expense	\$25,239,204	\$28,954,676	\$34,807,794

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
19	Principal Payments	\$6,263,159	\$11,019,826	\$6,229,356
G. Other Financial Ratios				
20	Average Age of Plant	17.9	16.6	11.6
21	Accumulated Depreciation	\$451,972,989	\$480,485,719	\$402,898,000
22	Depreciation and Amortization Expense	\$25,239,204	\$28,954,676	\$34,807,794
H. Utilization Measures Summary				
1	Patient Days	154,460	157,959	157,534
2	Discharges	31,400	31,842	32,111
3	ALOS	4.9	5.0	4.9
4	Staffed Beds	593	595	595
5	Available Beds	-	595	595
6	Licensed Beds	682	682	682
6	Occupancy of Staffed Beds	71.4%	72.7%	72.5%
7	Occupancy of Available Beds	71.4%	72.7%	72.5%
8	Full Time Equivalent Employees	3,588.5	3,554.4	3,694.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	35.4%	33.7%	32.9%
2	Medicare Gross Revenue Payer Mix Percentage	43.7%	44.8%	43.8%
3	Medicaid Gross Revenue Payer Mix Percentage	15.9%	19.5%	21.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.8%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	1.7%	1.9%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$497,822,447	\$527,833,001	\$578,543,424
9	Medicare Gross Revenue (Charges)	\$613,304,183	\$702,386,547	\$768,982,042
10	Medicaid Gross Revenue (Charges)	\$223,274,924	\$306,316,152	\$372,081,678
11	Other Medical Assistance Gross Revenue (Charges)	\$38,782,220	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$27,510,697	\$26,876,663	\$33,235,776
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$4,294,576	\$4,961,113	\$4,815,410
14	Total Gross Revenue (Charges)	\$1,404,989,047	\$1,568,373,476	\$1,757,658,330
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	44.0%	42.8%	43.7%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	44.0%	43.1%	41.4%
3	Medicaid Net Revenue Payer Mix Percentage	10.4%	12.8%	14.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.8%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	1.1%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.3%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$249,530,668	\$257,100,394	\$279,787,342
9	Medicare Net Revenue (Payments)	\$249,778,038	\$258,456,391	\$264,981,399
10	Medicaid Net Revenue (Payments)	\$59,129,523	\$76,586,167	\$94,027,452
11	Other Medical Assistance Net Revenue (Payments)	\$4,605,238	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$3,309,289	\$6,374,325	\$976,412
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,261,716	\$1,701,806	\$894,486
14	Total Net Revenue (Payments)	\$567,614,472	\$600,219,083	\$640,667,091
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	11,175	10,615	10,289
2	Medicare	13,376	13,685	13,861
3	Medical Assistance	6,759	7,447	7,872
4	Medicaid	6,038	7,447	7,872
5	Other Medical Assistance	721	-	-
6	CHAMPUS / TRICARE	90	95	89
7	Uninsured (Included In Non-Government)	301	219	253
8	Total	31,400	31,842	32,111
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.366700	1.381900	1.408400
2	Medicare	1.768200	1.755200	1.715000
3	Medical Assistance	1.128331	1.075700	1.113100
4	Medicaid	1.098100	1.075700	1.113100
5	Other Medical Assistance	1.381500	0.000000	0.000000
6	CHAMPUS / TRICARE	1.420800	1.285100	1.105600
7	Uninsured (Included In Non-Government)	1.279700	1.209300	1.240700
8	Total Case Mix Index	1.486578	1.470435	1.467514
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	15,060	15,872	16,654
2	Emergency Room - Treated and Discharged	54,430	56,997	62,547
3	Total Emergency Room Visits	69,490	72,869	79,201

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,784,139	\$6,856,766	\$4,072,627	146%
2	Inpatient Payments	\$1,120,409	\$2,587,294	\$1,466,885	131%
3	Outpatient Charges	\$2,034,342	\$3,513,791	\$1,479,449	73%
4	Outpatient Payments	\$663,657	\$1,221,719	\$558,062	84%
5	Discharges	75	171	96	128%
6	Patient Days	355	1,023	668	188%
7	Outpatient Visits (Excludes ED Visits)	386	877	491	127%
8	Emergency Department Outpatient Visits	69	196	127	184%
9	Emergency Department Inpatient Admissions	71	118	47	66%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,818,481	\$10,370,557	\$5,552,076	115%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,784,066	\$3,809,013	\$2,024,947	114%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$63,056	\$0	(\$63,056)	-100%
2	Inpatient Payments	\$9,636	\$0	(\$9,636)	-100%
3	Outpatient Charges	\$188,089	\$0	(\$188,089)	-100%
4	Outpatient Payments	\$48,100	\$0	(\$48,100)	-100%
5	Discharges	4	0	(4)	-100%
6	Patient Days	6	0	(6)	-100%
7	Outpatient Visits (Excludes ED Visits)	62	0	(62)	-100%
8	Emergency Department Outpatient Visits	5	0	(5)	-100%
9	Emergency Department Inpatient Admissions	5	0	(5)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$251,145	\$0	(\$251,145)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$57,736	\$0	(\$57,736)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$20,640,703	\$32,771,224	\$12,130,521	59%
2	Inpatient Payments	\$9,511,815	\$13,383,434	\$3,871,619	41%
3	Outpatient Charges	\$11,341,442	\$17,610,617	\$6,269,175	55%
4	Outpatient Payments	\$4,017,093	\$3,769,901	(\$247,192)	-6%
5	Discharges	602	804	202	34%
6	Patient Days	2,987	4,157	1,170	39%
7	Outpatient Visits (Excludes ED Visits)	2,765	3,591	826	30%
8	Emergency Department Outpatient Visits	295	490	195	66%
9	Emergency Department Inpatient Admissions	305	416	111	36%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,982,145	\$50,381,841	\$18,399,696	58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,528,908	\$17,153,335	\$3,624,427	27%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$9,154,535	\$0	(\$9,154,535)	-100%
2	Inpatient Payments	\$3,325,691	\$0	(\$3,325,691)	-100%
3	Outpatient Charges	\$3,966,937	\$0	(\$3,966,937)	-100%
4	Outpatient Payments	\$11,281	\$0	(\$11,281)	-100%
5	Discharges	264	0	(264)	-100%
6	Patient Days	1,296	0	(1,296)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,004	0	(1,004)	-100%
8	Emergency Department Outpatient Visits	107	0	(107)	-100%
9	Emergency Department Inpatient Admissions	100	0	(100)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,121,472	\$0	(\$13,121,472)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,336,972	\$0	(\$3,336,972)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,463,683	\$1,552,151	\$88,468	6%
2	Inpatient Payments	\$955,138	\$325,994	(\$629,144)	-66%
3	Outpatient Charges	\$597,355	\$785,113	\$187,758	31%
4	Outpatient Payments	\$290,834	\$227,123	(\$63,711)	-22%
5	Discharges	58	67	9	16%
6	Patient Days	512	206	(306)	-60%
7	Outpatient Visits (Excludes ED Visits)	132	130	(2)	-2%
8	Emergency Department Outpatient Visits	91	85	(6)	-7%
9	Emergency Department Inpatient Admissions	90	46	(44)	-49%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,061,038	\$2,337,264	\$276,226	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,245,972	\$553,117	(\$692,855)	-56%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$9,138,979	\$10,012,496	\$873,517	10%
2	Inpatient Payments	\$3,710,649	\$3,700,108	(\$10,541)	0%
3	Outpatient Charges	\$6,050,928	\$7,615,537	\$1,564,609	26%
4	Outpatient Payments	\$1,070,517	\$1,735,231	\$664,714	62%
5	Discharges	263	307	44	17%
6	Patient Days	1,529	1,548	19	1%
7	Outpatient Visits (Excludes ED Visits)	2,286	2,697	411	18%
8	Emergency Department Outpatient Visits	430	656	226	53%
9	Emergency Department Inpatient Admissions	434	253	(181)	-42%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,189,907	\$17,628,033	\$2,438,126	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,781,166	\$5,435,339	\$654,173	14%
I. AETNA					
1	Inpatient Charges	\$9,631,163	\$13,052,974	\$3,421,811	36%
2	Inpatient Payments	\$2,988,726	\$4,114,125	\$1,125,399	38%
3	Outpatient Charges	\$4,504,816	\$6,480,348	\$1,975,532	44%
4	Outpatient Payments	\$692,175	\$984,771	\$292,596	42%
5	Discharges	274	312	38	14%
6	Patient Days	1,351	1,799	448	33%
7	Outpatient Visits (Excludes ED Visits)	1,190	1,197	7	1%
8	Emergency Department Outpatient Visits	188	233	45	24%
9	Emergency Department Inpatient Admissions	181	219	38	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,135,979	\$19,533,322	\$5,397,343	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,680,901	\$5,098,896	\$1,417,995	39%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$40,234,813	\$52,538,865	\$12,304,052	31%
2	Inpatient Payments	\$16,993,634	\$19,176,738	\$2,183,104	13%
3	Outpatient Charges	\$23,532,083	\$29,332,627	\$5,800,544	25%
4	Outpatient Payments	\$6,576,688	\$7,013,372	\$436,684	7%
5	Discharges	1,152	1,363	211	18%
6	Patient Days	6,261	7,663	1,402	22%
7	Outpatient Visits (Excludes ED Visits)	7,623	7,469	(154)	-2%
8	Emergency Department Outpatient Visits	1,505	1,720	215	14%
9	Emergency Department Inpatient Admissions	1,508	977	(531)	-35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$63,766,896	\$81,871,492	\$18,104,596	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,570,322	\$26,190,110	\$2,619,788	11%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$93,111,071	\$116,784,476	\$23,673,405	25%
	TOTAL INPATIENT PAYMENTS	\$38,615,698	\$43,287,693	\$4,671,995	12%
	TOTAL OUTPATIENT CHARGES	\$52,215,992	\$65,338,033	\$13,122,041	25%
	TOTAL OUTPATIENT PAYMENTS	\$13,370,345	\$14,952,117	\$1,581,772	12%
	TOTAL DISCHARGES	2,692	3,024	332	12%
	TOTAL PATIENT DAYS	14,297	16,396	2,099	15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,448	15,961	513	3%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,690	3,380	690	26%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,694	2,029	(665)	-25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$145,327,063	\$182,122,509	\$36,795,446	25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$51,986,043	\$58,239,810	\$6,253,767	12%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$31,175,984	\$8,606,166	(\$22,569,818)	-72%
2	Inpatient Payments	\$8,923,406	\$1,857,085	(\$7,066,321)	-79%
3	Outpatient Charges	\$29,273,061	\$8,310,654	(\$20,962,407)	-72%
4	Outpatient Payments	\$7,411,813	\$1,300,577	(\$6,111,236)	-82%
5	Discharges	1,724	421	(1,303)	-76%
6	Patient Days	6,637	1,828	(4,809)	-72%
7	Outpatient Visits (Excludes ED Visits)	23,025	5,063	(17,962)	-78%
8	Emergency Department Outpatient Visits	5,708	1,424	(4,284)	-75%
9	Emergency Department Inpatient Admissions	283	58	(225)	-80%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$60,449,045	\$16,916,820	(\$43,532,225)	-72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,335,219	\$3,157,662	(\$13,177,557)	-81%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$8,394,117	\$3,234,214	(\$5,159,903)	-61%
2	Inpatient Payments	\$4,364,359	\$1,135,648	(\$3,228,711)	-74%
3	Outpatient Charges	\$205,569	\$83,821	(\$121,748)	-59%
4	Outpatient Payments	\$205,569	\$83,821	(\$121,748)	-59%
5	Discharges	638	245	(393)	-62%
6	Patient Days	5,463	1,742	(3,721)	-68%
7	Outpatient Visits (Excludes ED Visits)	40	18	(22)	-55%
8	Emergency Department Outpatient Visits	73	56	(17)	-23%
9	Emergency Department Inpatient Admissions	290	208	(82)	-28%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,599,686	\$3,318,035	(\$5,281,651)	-61%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,569,928	\$1,219,469	(\$3,350,459)	-73%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$8,529,134	\$2,253,709	(\$6,275,425)	-74%
2	Inpatient Payments	\$2,660,689	\$613,187	(\$2,047,502)	-77%
3	Outpatient Charges	\$8,584,971	\$2,290,141	(\$6,294,830)	-73%
4	Outpatient Payments	\$2,079,252	\$350,098	(\$1,729,154)	-83%
5	Discharges	547	108	(439)	-80%
6	Patient Days	2,126	518	(1,608)	-76%
7	Outpatient Visits (Excludes ED Visits)	6,775	1,492	(5,283)	-78%
8	Emergency Department Outpatient Visits	1,923	475	(1,448)	-75%
9	Emergency Department Inpatient Admissions	61	8	(53)	-87%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,114,105	\$4,543,850	(\$12,570,255)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,739,941	\$963,285	(\$3,776,656)	-80%
H.	AETNA				
1	Inpatient Charges	\$14,579,282	\$3,867,556	(\$10,711,726)	-73%
2	Inpatient Payments	\$4,480,004	\$1,706,950	(\$2,773,054)	-62%
3	Outpatient Charges	\$14,249,351	\$4,027,121	(\$10,222,230)	-72%
4	Outpatient Payments	\$3,404,351	\$253,997	(\$3,150,354)	-93%
5	Discharges	997	226	(771)	-77%
6	Patient Days	3,586	868	(2,718)	-76%
7	Outpatient Visits (Excludes ED Visits)	10,484	2,309	(8,175)	-78%
8	Emergency Department Outpatient Visits	2,749	686	(2,063)	-75%
9	Emergency Department Inpatient Admissions	112	26	(86)	-77%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,828,633	\$7,894,677	(\$20,933,956)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,884,355	\$1,960,947	(\$5,923,408)	-75%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$62,678,517	\$17,961,645	(\$44,716,872)	-71%
	TOTAL INPATIENT PAYMENTS	\$20,428,458	\$5,312,870	(\$15,115,588)	-74%
	TOTAL OUTPATIENT CHARGES	\$52,312,952	\$14,711,737	(\$37,601,215)	-72%
	TOTAL OUTPATIENT PAYMENTS	\$13,100,985	\$1,988,493	(\$11,112,492)	-85%
	TOTAL DISCHARGES	3,906	1,000	(2,906)	-74%
	TOTAL PATIENT DAYS	17,812	4,956	(12,856)	-72%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	40,324	8,882	(31,442)	-78%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	10,453	2,641	(7,812)	-75%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	746	300	(446)	-60%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$114,991,469	\$32,673,382	(\$82,318,087)	-72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$33,529,443	\$7,301,363	(\$26,228,080)	-78%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$114,677,927	\$89,328,000	(\$25,349,927)	-22%
2	Short Term Investments	\$13,844,098	\$53,728,000	\$39,883,902	288%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$68,381,575	\$69,853,000	\$1,471,425	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,502,581	\$5,076,000	\$573,419	13%
5	Due From Affiliates	\$869,506	\$351,000	(\$518,506)	-60%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,919,231	\$7,162,000	\$1,242,769	21%
8	Prepaid Expenses	\$7,426,943	\$6,122,000	(\$1,304,943)	-18%
9	Other Current Assets	\$13,836,158	\$4,886,000	(\$8,950,158)	-65%
	Total Current Assets	\$229,458,019	\$236,506,000	\$7,047,981	3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$43,233,016	\$48,538,000	\$5,304,984	12%
2	Board Designated for Capital Acquisition	\$49,904,573	\$42,302,000	(\$7,602,573)	-15%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$5,752,021	\$5,203,000	(\$549,021)	-10%
	Total Noncurrent Assets Whose Use is Limited:	\$98,889,610	\$96,043,000	(\$2,846,610)	-3%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$13,306,723	\$15,025,000	\$1,718,277	13%
7	Other Noncurrent Assets	\$31,909,651	\$17,035,000	(\$14,874,651)	-47%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$961,426,887	\$867,830,000	(\$93,596,887)	-10%
2	Less: Accumulated Depreciation	\$501,908,512	\$424,957,000	(\$76,951,512)	(\$0)
	Property, Plant and Equipment, Net	\$459,518,375	\$442,873,000	(\$16,645,375)	-4%
3	Construction in Progress	\$8,871,033	\$15,793,000	\$6,921,967	78%
	Total Net Fixed Assets	\$468,389,408	\$458,666,000	(\$9,723,408)	-2%
	Total Assets	\$841,953,411	\$823,275,000	(\$18,678,411)	-2%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <u>LIABILITIES AND NET ASSETS</u>					
A. <u>Current Liabilities:</u>					
1	Accounts Payable and Accrued Expenses	\$35,083,559	\$38,031,000	\$2,947,441	8%
2	Salaries, Wages and Payroll Taxes	\$41,102,201	\$46,231,000	\$5,128,799	12%
3	Due To Third Party Payers	\$5,486,938	\$2,994,000	(\$2,492,938)	-45%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$6,140,523	\$6,950,000	\$809,477	13%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,053,675	\$7,120,000	\$1,066,325	18%
	Total Current Liabilities	\$93,866,896	\$101,326,000	\$7,459,104	8%
B. <u>Long Term Debt:</u>					
1	Bonds Payable (Net of Current Portion)	\$266,003,820	\$258,965,000	(\$7,038,820)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$266,003,820	\$258,965,000	(\$7,038,820)	-3%
3	Accrued Pension Liability	\$298,059,894	\$318,826,000	\$20,766,106	7%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$564,063,714	\$577,791,000	\$13,727,286	2%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. <u>Net Assets:</u>					
1	Unrestricted Net Assets or Equity	\$96,614,000	\$45,665,000	(\$50,949,000)	-53%
2	Temporarily Restricted Net Assets	\$39,890,272	\$45,669,000	\$5,778,728	14%
3	Permanently Restricted Net Assets	\$47,518,529	\$52,824,000	\$5,305,471	11%
	Total Net Assets	\$184,022,801	\$144,158,000	(\$39,864,801)	-22%
	Total Liabilities and Net Assets	\$841,953,411	\$823,275,000	(\$18,678,411)	-2%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,750,522,789	\$1,987,581,000	\$237,058,211	14%
2	Less: Allowances	\$1,047,531,631	\$1,233,692,000	\$186,160,369	18%
3	Less: Charity Care	\$13,384,172	\$19,162,000	\$5,777,828	43%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$689,606,986	\$734,727,000	\$45,120,014	7%
5	Other Operating Revenue	\$51,518,497	\$42,797,000	(\$8,721,497)	-17%
6	Net Assets Released from Restrictions	\$10,017,206	\$12,525,000	\$2,507,794	25%
	Total Operating Revenue	\$751,142,689	\$790,049,000	\$38,906,311	5%
B. Operating Expenses:					
1	Salaries and Wages	\$314,784,315	\$329,615,000	\$14,830,685	5%
2	Fringe Benefits	\$75,368,695	\$81,180,000	\$5,811,305	8%
3	Physicians Fees	\$9,921,514	\$8,926,000	(\$995,514)	-10%
4	Supplies and Drugs	\$119,252,551	\$118,893,000	(\$359,551)	0%
5	Depreciation and Amortization	\$30,716,625	\$36,527,000	\$5,810,375	19%
6	Bad Debts	\$19,261,757	\$22,029,000	\$2,767,243	14%
7	Interest	\$9,560,860	\$11,965,000	\$2,404,140	25%
8	Malpractice	\$17,491,242	\$15,296,000	(\$2,195,242)	-13%
9	Other Operating Expenses	\$149,447,529	\$150,264,000	\$816,471	1%
	Total Operating Expenses	\$745,805,088	\$774,695,000	\$28,889,912	4%
	Income/(Loss) From Operations	\$5,337,601	\$15,354,000	\$10,016,399	188%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,059,147)	\$332,000	\$1,391,147	-131%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$11,645,163)	(\$11,122,000)	\$523,163	-4%
	Total Non-Operating Revenue	(\$12,704,310)	(\$10,790,000)	\$1,914,310	-15%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$7,366,709)	\$4,564,000	\$11,930,709	-162%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$7,366,709)	\$4,564,000	\$11,930,709	-162%

SAINT FRANCIS CARE, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$636,890,313	\$689,606,986	\$734,727,000
2	Other Operating Revenue	76,106,333	61,535,703	55,322,000
3	Total Operating Revenue	\$712,996,646	\$751,142,689	\$790,049,000
4	Total Operating Expenses	698,483,965	745,805,088	774,695,000
5	Income/(Loss) From Operations	\$14,512,681	\$5,337,601	\$15,354,000
6	Total Non-Operating Revenue	(9,180,063)	(12,704,310)	(10,790,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,332,618	(\$7,366,709)	\$4,564,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.06%	0.72%	1.97%
2	Parent Corporation Non-Operating Margin	-1.30%	-1.72%	-1.38%
3	Parent Corporation Total Margin	0.76%	-1.00%	0.59%
4	Income/(Loss) From Operations	\$14,512,681	\$5,337,601	\$15,354,000
5	Total Operating Revenue	\$712,996,646	\$751,142,689	\$790,049,000
6	Total Non-Operating Revenue	(\$9,180,063)	(\$12,704,310)	(\$10,790,000)
7	Total Revenue	\$703,816,583	\$738,438,379	\$779,259,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,332,618	(\$7,366,709)	\$4,564,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$142,347,421	\$96,614,000	\$45,665,000
2	Parent Corporation Total Net Assets	\$228,689,125	\$184,022,801	\$144,158,000
3	Parent Corporation Change in Total Net Assets	(\$3,436,907)	(\$44,666,324)	(\$39,864,801)
4	Parent Corporation Change in Total Net Assets %	98.5%	-19.5%	-21.7%

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.71	2.44	2.33
2	Total Current Assets	\$231,458,465	\$229,458,019	\$236,506,000
3	Total Current Liabilities	\$135,413,809	\$93,866,896	\$101,326,000
4	<u>Days Cash on Hand</u>	73	66	71
5	Cash and Cash Equivalents	\$122,056,032	\$114,677,927	\$89,328,000
6	Short Term Investments	12,991,665	13,844,098	53,728,000
7	Total Cash and Short Term Investments	\$135,047,697	\$128,522,025	\$143,056,000
8	Total Operating Expenses	\$698,483,965	\$745,805,088	\$774,695,000
9	Depreciation Expense	\$26,999,709	\$30,716,625	\$36,527,000
10	Operating Expenses less Depreciation Expense	\$671,484,256	\$715,088,463	\$738,168,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	39	33	33
12	Net Patient Accounts Receivable	\$ 65,990,123	\$ 68,381,575	\$ 69,853,000
13	Due From Third Party Payers	\$1,678,915	\$0	\$0
14	Due To Third Party Payers	\$0	\$5,486,938	\$2,994,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 67,669,038	\$ 62,894,637	\$ 66,859,000
16	Total Net Patient Revenue	\$636,890,313	\$689,606,986	\$734,727,000
17	<u>Average Payment Period</u>	74	48	50
18	Total Current Liabilities	\$135,413,809	\$93,866,896	\$101,326,000
19	Total Operating Expenses	\$698,483,965	\$745,805,088	\$774,695,000
20	Depreciation Expense	\$26,999,709	\$30,716,625	\$36,527,000
21	Total Operating Expenses less Depreciation Expense	\$671,484,256	\$715,088,463	\$738,168,000

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	27.3	21.9	17.5
2	Total Net Assets	\$228,689,125	\$184,022,801	\$144,158,000
3	Total Assets	\$836,781,025	\$841,953,411	\$823,275,000
4	<u>Cash Flow to Total Debt Ratio</u>	8.7	6.5	11.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,332,618	(\$7,366,709)	\$4,564,000
6	Depreciation Expense	\$26,999,709	\$30,716,625	\$36,527,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$32,332,327	\$23,349,916	\$41,091,000
8	Total Current Liabilities	\$135,413,809	\$93,866,896	\$101,326,000
9	Total Long Term Debt	\$236,199,465	\$266,003,820	\$258,965,000
10	Total Current Liabilities and Total Long Term Debt	\$371,613,274	\$359,870,716	\$360,291,000
11	<u>Long Term Debt to Capitalization Ratio</u>	50.8	59.1	64.2
12	Total Long Term Debt	\$236,199,465	\$266,003,820	\$258,965,000
13	Total Net Assets	\$228,689,125	\$184,022,801	\$144,158,000
14	Total Long Term Debt and Total Net Assets	\$464,888,590	\$450,026,621	\$403,123,000

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2012								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	108,687	23,879	22,123	394	394	75.6%	75.6%
2	ICU/CCU (Excludes Neonatal ICU)	11,264	341	0	42	42	73.5%	73.5%
3	Psychiatric: Ages 0 to 17	4,412	394	393	20	20	60.4%	60.4%
4	Psychiatric: Ages 18+	10,444	1,616	1,607	55	55	52.0%	52.0%
	TOTAL PSYCHIATRIC	14,856	2,010	2,000	75	75	54.3%	54.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	10,105	3,212	3,207	30	30	92.3%	92.3%
7	Newborn	6,604	2,732	2,677	26	26	69.6%	69.6%
8	Neonatal ICU	6,018	278	0	28	28	58.9%	58.9%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	150,930	29,379	27,330	569	569	72.7%	72.7%
	TOTAL INPATIENT BED UTILIZATION	157,534	32,111	30,007	595	595	72.5%	72.5%
	TOTAL INPATIENT REPORTED YEAR	157,534	32,111	30,007	595	595	72.5%	72.5%
	TOTAL INPATIENT PRIOR YEAR	157,959	31,842	29,893	595	595	72.7%	72.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-425	269	114	0	0	-0.2%	-0.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	1%	0%	0%	0%	0%	0%
	Total Licensed Beds and Bassinets	682						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	18,072	17,631	-441	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,328	9,952	-376	-4%
3	Emergency Department Scans	12,096	13,006	910	8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	40,496	40,589	93	0%
B. MRI Scans (A)					
1	Inpatient Scans	3,981	4,475	494	12%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,738	9,825	87	1%
3	Emergency Department Scans	502	512	10	2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	14,221	14,812	591	4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	10	17	7	70%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,158	1,204	46	4%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,168	1,221	53	5%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	898	884	-14	-2%
2	Outpatient Procedures	17,029	16,304	-725	-4%
	Total Linear Accelerator Procedures	17,927	17,188	-739	-4%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	2,006	1,615	-391	-19%
2	Outpatient Procedures	1,447	1,481	34	2%
	Total Cardiac Catheterization Procedures	3,453	3,096	-357	-10%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	399	413	14	4%
2	Elective Procedures	569	541	-28	-5%
	Total Cardiac Angioplasty Procedures	968	954	-14	-1%
H. Electrophysiology Studies					
1	Inpatient Studies	406	398	-8	-2%
2	Outpatient Studies	402	440	38	9%
	Total Electrophysiology Studies	808	838	30	4%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	9,944	9,833	-111	-1%
2	Outpatient Surgical Procedures	19,069	18,665	-404	-2%
	Total Surgical Procedures	29,013	28,498	-515	-2%
J. Endoscopy Procedures					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,494	1,542	48	3%
2	Outpatient Endoscopy Procedures	8,615	7,528	-1,087	-13%
	Total Endoscopy Procedures	10,109	9,070	-1,039	-10%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	15,872	16,654	782	5%
2	Emergency Room Visits: Treated and Discharged	56,997	62,547	5,550	10%
	Total Emergency Room Visits	72,869	79,201	6,332	9%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	20,585	20,390	-195	-1%
5	Specialty Clinic Visits	44,153	43,663	-490	-1%
	Total Hospital Clinic Visits	64,738	64,053	-685	-1%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	871	946	75	9%
2	Cardiology	565	562	-3	-1%
3	Chemotherapy	3,521	3,621	100	3%
4	Gastroenterology	1,567	1,542	-25	-2%
5	Other Outpatient Visits	169,112	153,035	-16,077	-10%
	Total Other Hospital Outpatient Visits	175,636	159,706	-15,930	-9%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	1,307.4	1,330.2	22.8	2%
2	Total Physician FTEs	62.6	38.5	-24.1	-38%
3	Total Non-Nursing and Non-Physician FTEs	2,184.4	2,325.8	141.4	6%
	Total Hospital Full Time Equivalent Employees	3,554.4	3,694.5	140.1	4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
A.	<u>Outpatient Surgical Procedures</u>				
1	Saint Francis Hospital	19,069	18,665	-404	-2%
	Total Outpatient Surgical Procedures(A)	19,069	18,665	-404	-2%
B.	<u>Outpatient Endoscopy Procedures</u>				
1	Saint Francis Hospital	8,615	7,528	-1,087	-13%
	Total Outpatient Endoscopy Procedures(B)	8,615	7,528	-1,087	-13%
C.	<u>Outpatient Hospital Emergency Room Visits</u>				
1	Saint Francis Hospital	56,997	62,547	5,550	10%
	Total Outpatient Hospital Emergency Room Visits(C)	56,997	62,547	5,550	10%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
I.	<u>DATA BY MAJOR PAYER CATEGORY</u>				
A.	<u>MEDICARE</u>				
	<u>MEDICARE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$481,529,431	\$520,277,093	\$38,747,662	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$205,738,275	\$211,197,587	\$5,459,312	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.73%	40.59%	-2.13%	-5%
4	DISCHARGES	13,685	13,861	176	1%
5	CASE MIX INDEX (CMI)	1.75520	1.71500	(0.04020)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24,019.91200	23,771.61500	(248.29700)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,565.32	\$8,884.44	\$319.12	4%
8	PATIENT DAYS	76,935	76,592	(343)	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,674.18	\$2,757.44	\$83.25	3%
10	AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)	-2%
	<u>MEDICARE OUTPATIENT</u>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$220,857,116	\$248,704,949	\$27,847,833	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$52,718,116	\$53,783,812	\$1,065,696	2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.87%	21.63%	-2.24%	-9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	45.87%	47.80%	1.94%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,276.72877	6,625.89098	349.16221	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,398.98	\$8,117.22	(\$281.76)	-3%
	<u>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</u>				
17	TOTAL ACCRUED CHARGES	\$702,386,547	\$768,982,042	\$66,595,495	9%
18	TOTAL ACCRUED PAYMENTS	\$258,456,391	\$264,981,399	\$6,525,008	3%
19	TOTAL ALLOWANCES	\$443,930,156	\$504,000,643	\$60,070,487	14%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
B.	<u>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</u>				
	<u>NON-GOVERNMENT INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$254,133,305	\$274,882,321	\$20,749,016	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$148,306,424	\$156,765,911	\$8,459,487	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.36%	57.03%	-1.33%	-2%
4	DISCHARGES	10,615	10,289	(326)	-3%
5	CASE MIX INDEX (CMI)	1.38190	1.40840	0.02650	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,668.86850	14,491.02760	(177.84090)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,110.28	\$10,818.14	\$707.85	7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,544.96)	(\$1,933.69)	(\$388.73)	25%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$22,662,845)	(\$28,021,185)	(\$5,358,339)	24%
10	PATIENT DAYS	42,365	41,350	(1,015)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,500.68	\$3,791.19	\$290.51	8%
12	AVERAGE LENGTH OF STAY	4.0	4.0	0.0	1%
	<u>NON-GOVERNMENT OUTPATIENT</u>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$300,576,359	\$336,896,879	\$36,320,520	12%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$115,168,295	\$123,997,843	\$8,829,548	8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.32%	36.81%	-1.51%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	118.28%	122.56%	4.29%	4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	12,554.89929	12,610.23981	55.34052	0%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,173.18	\$9,833.11	\$659.93	7%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$774.20)	(\$1,715.89)	(\$941.69)	122%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,719,954)	(\$21,637,757)	(\$11,917,804)	123%
	<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>				
21	TOTAL ACCRUED CHARGES	\$554,709,664	\$611,779,200	\$57,069,536	10%
22	TOTAL ACCRUED PAYMENTS	\$263,474,719	\$280,763,754	\$17,289,035	7%
23	TOTAL ALLOWANCES	\$291,234,945	\$331,015,446	\$39,780,501	14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$32,382,799)	(\$49,658,942)	(\$17,276,143)	53%
	<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$460,834,368	\$508,737,690	\$47,903,322	10%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$220,701,204	\$236,696,156	\$15,994,952	7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$240,133,164	\$272,041,534	\$31,908,370	13%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.11%	53.47%	1.37%	

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$4,552,529	\$6,293,659	\$1,741,130	38%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,015,451	\$232,591	(\$782,860)	-77%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.31%	3.70%	-18.61%	-83%
4	DISCHARGES	219	253	34	16%
5	CASE MIX INDEX (CMI)	1.20930	1.24070	0.03140	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	264.83670	313.89710	49.06040	19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,834.25	\$740.98	(\$3,093.27)	-81%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,276.03	\$10,077.16	\$3,801.13	61%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,731.07	\$8,143.47	\$3,412.40	72%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,252,961	\$2,556,210	\$1,303,250	104%
11	PATIENT DAYS	653	799	146	22%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,555.06	\$291.10	(\$1,263.95)	-81%
13	AVERAGE LENGTH OF STAY	3.0	3.2	0.2	6%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,324,134	\$26,942,117	\$4,617,983	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,358,874	\$743,821	(\$4,615,053)	-86%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.00%	2.76%	-21.24%	-88%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	490.37%	428.08%	-62.28%	-13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,073.90537	1,083.05131	9.14593	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,990.08	\$686.78	(\$4,303.30)	-86%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,183.10	\$9,146.32	\$4,963.23	119%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,408.90	\$7,430.44	\$4,021.54	118%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,660,835	\$8,047,544	\$4,386,709	120%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$26,876,663	\$33,235,776	\$6,359,113	24%
24	TOTAL ACCRUED PAYMENTS	\$6,374,325	\$976,412	(\$5,397,913)	-85%
25	TOTAL ALLOWANCES	\$20,502,338	\$32,259,364	\$11,757,026	57%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,913,796	\$10,603,755	\$5,689,959	116%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
D.	<u>STATE OF CONNECTICUT MEDICAID</u>				
	<u>MEDICAID INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$170,777,505	\$194,608,438	\$23,830,933	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$47,448,523	\$55,071,571	\$7,623,048	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.78%	28.30%	0.51%	2%
4	DISCHARGES	7,447	7,872	425	6%
5	CASE MIX INDEX (CMI)	1.07570	1.11310	0.03740	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,010.73790	8,762.32320	751.58530	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,923.12	\$6,285.04	\$361.93	6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,187.17	\$4,533.09	\$345.93	8%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,642.21	\$2,599.40	(\$42.80)	-2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,166,025	\$22,776,801	\$1,610,776	8%
11	PATIENT DAYS	38,232	39,244	1,012	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,241.07	\$1,403.31	\$162.24	13%
13	AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)	-3%
	<u>MEDICAID OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$135,538,647	\$177,473,240	\$41,934,593	31%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,137,644	\$38,955,881	\$9,818,237	34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.50%	21.95%	0.45%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	79.37%	91.20%	11.83%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,910.35865	7,178.87343	1,268.51478	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,929.93	\$5,426.46	\$496.53	10%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,243.25	\$4,406.65	\$163.40	4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,469.05	\$2,690.76	(\$778.29)	-22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,503,337	\$19,316,611	(\$1,186,726)	-6%
	<u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$306,316,152	\$372,081,678	\$65,765,526	21%
24	TOTAL ACCRUED PAYMENTS	\$76,586,167	\$94,027,452	\$17,441,285	23%
25	TOTAL ALLOWANCES	\$229,729,985	\$278,054,226	\$48,324,241	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$41,669,362	\$42,093,412	\$424,050	1%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$10,110.28	\$10,818.14	\$707.85	7%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,565.32	\$8,884.44	\$319.12	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,173.18	\$9,833.11	\$659.93	7%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,398.98	\$8,117.22	(\$281.76)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$170,777,505	\$194,608,438	\$23,830,933	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$47,448,523	\$55,071,571	\$7,623,048	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.78%	28.30%	0.51%	2%
4	DISCHARGES	7,447	7,872	425	6%
5	CASE MIX INDEX (CMI)	1.07570	1.11310	0.03740	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,010.73790	8,762.32320	751.58530	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,923.12	\$6,285.04	\$361.93	6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,187.17	\$4,533.09	\$345.93	8%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,642.21	\$2,599.40	(\$42.80)	-2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,166,025	\$22,776,801	\$1,610,776	8%
11	PATIENT DAYS	38,232	39,244	1,012	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,241.07	\$1,403.31	\$162.24	13%
13	AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)	-3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$135,538,647	\$177,473,240	\$41,934,593	31%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,137,644	\$38,955,881	\$9,818,237	34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.50%	21.95%	0.45%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	79.37%	91.20%	11.83%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,910.35865	7,178.87343	1,268.51478	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,929.93	\$5,426.46	\$496.53	10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,243.25	\$4,406.65	\$163.40	4%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,469.05	\$2,690.76	(\$778.29)	-22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,503,337	\$19,316,611	(\$1,186,726)	-6%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$306,316,152	\$372,081,678	\$65,765,526	21%
24	TOTAL ACCRUED PAYMENTS	\$76,586,167	\$94,027,452	\$17,441,285	23%
25	TOTAL ALLOWANCES	\$229,729,985	\$278,054,226	\$48,324,241	21%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
G.	<u>CHAMPUS / TRICARE</u>				
	<u>CHAMPUS / TRICARE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$2,489,908	\$2,301,100	(\$188,808)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,048,854	\$375,832	(\$673,022)	-64%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.12%	16.33%	-25.79%	-61%
4	DISCHARGES	95	89	(6)	-6%
5	CASE MIX INDEX (CMI)	1.28510	1.10560	(0.17950)	-14%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	122.08450	98.39840	(23.68610)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,591.21	\$3,819.49	(\$4,771.72)	-56%
8	PATIENT DAYS	427	348	(79)	-19%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,456.33	\$1,079.98	(\$1,376.36)	-56%
10	AVERAGE LENGTH OF STAY	4.5	3.9	(0.6)	-13%
	<u>CHAMPUS / TRICARE OUTPATIENT</u>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,471,205	\$2,514,310	\$43,105	2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$652,952	\$518,654	(\$134,298)	-21%
	<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>				
13	TOTAL ACCRUED CHARGES	\$4,961,113	\$4,815,410	(\$145,703)	-3%
14	TOTAL ACCRUED PAYMENTS	\$1,701,806	\$894,486	(\$807,320)	-47%
15	TOTAL ALLOWANCES	\$3,259,307	\$3,920,924	\$661,617	20%
H.	<u>OTHER DATA</u>				
1	OTHER OPERATING REVENUE	\$24,517,993	\$31,085,511	\$6,567,518	27%
2	TOTAL OPERATING EXPENSES	\$646,777,800	\$674,830,699	\$28,052,899	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>				
4	CHARITY CARE (CHARGES)	\$5,103,750	\$6,110,468	\$1,006,718	20%
5	BAD DEBTS (CHARGES)	\$15,406,823	\$18,629,069	\$3,222,246	21%
6	UNCOMPENSATED CARE (CHARGES)	\$20,510,573	\$24,739,537	\$4,228,964	21%
7	COST OF UNCOMPENSATED CARE	\$8,085,092	\$9,306,037	\$1,220,946	15%
	<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>				
8	TOTAL ACCRUED CHARGES	\$306,316,152	\$372,081,678	\$65,765,526	21%
9	TOTAL ACCRUED PAYMENTS	\$76,586,167	\$94,027,452	\$17,441,285	23%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$120,747,196	\$139,962,443	\$19,215,247	16%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$44,161,029	\$45,934,991	\$1,773,962	4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
II.	<u>AGGREGATE DATA</u>				
A.	<u>TOTALS - ALL PAYERS</u>				
1	TOTAL INPATIENT CHARGES	\$908,930,149	\$992,068,952	\$83,138,803	9%
2	TOTAL INPATIENT PAYMENTS	\$402,542,076	\$423,410,901	\$20,868,825	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	44.29%	42.68%	-1.61%	-4%
4	TOTAL DISCHARGES	31,842	32,111	269	1%
5	TOTAL CASE MIX INDEX	1.47044	1.46751	(0.00292)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	46,821.60290	47,123.36420	301.76130	1%
7	TOTAL OUTPATIENT CHARGES	\$659,443,327	\$765,589,378	\$106,146,051	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.55%	77.17%	4.62%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$197,677,007	\$217,256,190	\$19,579,183	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.98%	28.38%	-1.60%	-5%
11	TOTAL CHARGES	\$1,568,373,476	\$1,757,658,330	\$189,284,854	12%
12	TOTAL PAYMENTS	\$600,219,083	\$640,667,091	\$40,448,008	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.27%	36.45%	-1.82%	-5%
14	PATIENT DAYS	157,959	157,534	(425)	0%
B.	<u>TOTALS - ALL GOVERNMENT PAYERS</u>				
1	INPATIENT CHARGES	\$654,796,844	\$717,186,631	\$62,389,787	10%
2	INPATIENT PAYMENTS	\$254,235,652	\$266,644,990	\$12,409,338	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.83%	37.18%	-1.65%	-4%
4	DISCHARGES	21,227	21,822	595	3%
5	CASE MIX INDEX	1.51471	1.49539	(0.01932)	-1%
6	CASE MIX ADJUSTED DISCHARGES	32,152.73440	32,632.33660	479.60220	1%
7	OUTPATIENT CHARGES	\$358,866,968	\$428,692,499	\$69,825,531	19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	54.81%	59.77%	4.97%	9%
9	OUTPATIENT PAYMENTS	\$82,508,712	\$93,258,347	\$10,749,635	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.99%	21.75%	-1.24%	-5%
11	TOTAL CHARGES	\$1,013,663,812	\$1,145,879,130	\$132,215,318	13%
12	TOTAL PAYMENTS	\$336,744,364	\$359,903,337	\$23,158,973	7%
13	TOTAL PAYMENTS / CHARGES	33.22%	31.41%	-1.81%	-5%
14	PATIENT DAYS	115,594	116,184	590	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$676,919,448	\$785,975,793	\$109,056,345	16%
C.	<u>AVERAGE LENGTH OF STAY</u>				
1	MEDICARE	5.6	5.5	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	0.0	1%
3	UNINSURED	3.0	3.2	0.2	6%
4	MEDICAID	5.1	5.0	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.5	3.9	(0.6)	-13%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	4.9	(0.1)	-1%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$1,568,373,476	\$1,757,658,330	\$189,284,854	12%
2	TOTAL GOVERNMENT DEDUCTIONS	\$676,919,448	\$785,975,793	\$109,056,345	16%
3	UNCOMPENSATED CARE	\$20,510,573	\$24,739,537	\$4,228,964	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$240,133,164	\$272,041,534	\$31,908,370	13%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,570,938	\$13,739,767	\$1,168,829	9%
6	TOTAL ADJUSTMENTS	\$950,134,123	\$1,096,496,631	\$146,362,508	15%
7	TOTAL ACCRUED PAYMENTS	\$618,239,353	\$661,161,699	\$42,922,346	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$618,239,353	\$661,161,699	\$42,922,346	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3941914107	0.3761605357	(0.0180308750)	-5%
11	COST OF UNCOMPENSATED CARE	\$8,085,092	\$9,306,037	\$1,220,946	15%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$44,161,029	\$45,934,991	\$1,773,962	4%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$52,246,121	\$55,241,029	\$2,994,908	6%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$20,503,337	\$19,316,611	(\$1,186,726)	-6%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,913,796	\$10,603,755	\$5,689,959	116%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$25,417,133	\$29,920,366	\$4,503,233	18%
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,987,682	\$24,103,767	\$2,116,085	9.62%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$12,522,301	\$4,798,052	(\$7,724,249)	-61.68%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$612,741,381	\$645,465,144	\$32,723,763	5.34%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$53,307,920	\$57,636,808	\$4,328,888	8.12%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,621,681,396	\$1,815,295,138	\$193,613,742	11.94%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$8,070,452	\$12,839,126	\$4,768,674	59.09%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$28,581,025	\$37,578,662	\$8,997,637	31.48%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$254,133,305	\$274,882,321	\$20,749,016
2	MEDICARE	\$481,529,431	520,277,093	\$38,747,662
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$170,777,505	194,608,438	\$23,830,933
4	MEDICAID	\$170,777,505	194,608,438	\$23,830,933
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,489,908	2,301,100	(\$188,808)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,552,529	6,293,659	\$1,741,130
	TOTAL INPATIENT GOVERNMENT CHARGES	\$654,796,844	\$717,186,631	\$62,389,787
	TOTAL INPATIENT CHARGES	\$908,930,149	\$992,068,952	\$83,138,803
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$300,576,359	\$336,896,879	\$36,320,520
2	MEDICARE	\$220,857,116	248,704,949	\$27,847,833
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$135,538,647	177,473,240	\$41,934,593
4	MEDICAID	\$135,538,647	177,473,240	\$41,934,593
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,471,205	2,514,310	\$43,105
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,324,134	26,942,117	\$4,617,983
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$358,866,968	\$428,692,499	\$69,825,531
	TOTAL OUTPATIENT CHARGES	\$659,443,327	\$765,589,378	\$106,146,051
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$554,709,664	\$611,779,200	\$57,069,536
2	TOTAL MEDICARE	\$702,386,547	\$768,982,042	\$66,595,495
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$306,316,152	\$372,081,678	\$65,765,526
4	TOTAL MEDICAID	\$306,316,152	\$372,081,678	\$65,765,526
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$4,961,113	\$4,815,410	(\$145,703)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$26,876,663	\$33,235,776	\$6,359,113
	TOTAL GOVERNMENT CHARGES	\$1,013,663,812	\$1,145,879,130	\$132,215,318
	TOTAL CHARGES	\$1,568,373,476	\$1,757,658,330	\$189,284,854
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,306,424	\$156,765,911	\$8,459,487
2	MEDICARE	\$205,738,275	211,197,587	\$5,459,312
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,448,523	55,071,571	\$7,623,048
4	MEDICAID	\$47,448,523	55,071,571	\$7,623,048
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,048,854	375,832	(\$673,022)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,015,451	232,591	(\$782,860)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$254,235,652	\$266,644,990	\$12,409,338
	TOTAL INPATIENT PAYMENTS	\$402,542,076	\$423,410,901	\$20,868,825
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,168,295	\$123,997,843	\$8,829,548
2	MEDICARE	\$52,718,116	53,783,812	\$1,065,696
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,137,644	38,955,881	\$9,818,237
4	MEDICAID	\$29,137,644	38,955,881	\$9,818,237
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$652,952	518,654	(\$134,298)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,358,874	743,821	(\$4,615,053)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$82,508,712	\$93,258,347	\$10,749,635
	TOTAL OUTPATIENT PAYMENTS	\$197,677,007	\$217,256,190	\$19,579,183
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$263,474,719	\$280,763,754	\$17,289,035
2	TOTAL MEDICARE	\$258,456,391	\$264,981,399	\$6,525,008
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$76,586,167	\$94,027,452	\$17,441,285
4	TOTAL MEDICAID	\$76,586,167	\$94,027,452	\$17,441,285
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,701,806	\$894,486	(\$807,320)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,374,325	\$976,412	(\$5,397,913)
	TOTAL GOVERNMENT PAYMENTS	\$336,744,364	\$359,903,337	\$23,158,973
	TOTAL PAYMENTS	\$600,219,083	\$640,667,091	\$40,448,008

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
II.	<u>PAYER MIX</u>			
A.	<u>INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.20%	15.64%	-0.56%
2	MEDICARE	30.70%	29.60%	-1.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.89%	11.07%	0.18%
4	MEDICAID	10.89%	11.07%	0.18%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.16%	0.13%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.29%	0.36%	0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	41.75%	40.80%	-0.95%
	TOTAL INPATIENT PAYER MIX	57.95%	56.44%	-1.51%
B.	<u>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.16%	19.17%	0.00%
2	MEDICARE	14.08%	14.15%	0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.64%	10.10%	1.46%
4	MEDICAID	8.64%	10.10%	1.46%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.16%	0.14%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.42%	1.53%	0.11%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.88%	24.39%	1.51%
	TOTAL OUTPATIENT PAYER MIX	42.05%	43.56%	1.51%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	<u>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.71%	24.47%	-0.24%
2	MEDICARE	34.28%	32.97%	-1.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.91%	8.60%	0.69%
4	MEDICAID	7.91%	8.60%	0.69%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.17%	0.06%	-0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.04%	-0.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	42.36%	41.62%	-0.74%
	TOTAL INPATIENT PAYER MIX	67.07%	66.09%	-0.98%
D.	<u>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.19%	19.35%	0.17%
2	MEDICARE	8.78%	8.39%	-0.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.85%	6.08%	1.23%
4	MEDICAID	4.85%	6.08%	1.23%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.11%	0.08%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89%	0.12%	-0.78%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.75%	14.56%	0.81%
	TOTAL OUTPATIENT PAYER MIX	32.93%	33.91%	0.98%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA			
A.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,615	10,289	(326)
2	MEDICARE	13,685	13,861	176
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,447	7,872	425
4	MEDICAID	7,447	7,872	425
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	95	89	(6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	219	253	34
	TOTAL GOVERNMENT DISCHARGES	21,227	21,822	595
	TOTAL DISCHARGES	31,842	32,111	269
B.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42,365	41,350	(1,015)
2	MEDICARE	76,935	76,592	(343)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,232	39,244	1,012
4	MEDICAID	38,232	39,244	1,012
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	427	348	(79)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	653	799	146
	TOTAL GOVERNMENT PATIENT DAYS	115,594	116,184	590
	TOTAL PATIENT DAYS	157,959	157,534	(425)
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	0.0
2	MEDICARE	5.6	5.5	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.1	5.0	(0.1)
4	MEDICAID	5.1	5.0	(0.1)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.5	3.9	(0.6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.0	3.2	0.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.4	5.3	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	5.0	4.9	(0.1)
D.	CASE MIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38190	1.40840	0.02650
2	MEDICARE	1.75520	1.71500	(0.04020)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07570	1.11310	0.03740
4	MEDICAID	1.07570	1.11310	0.03740
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.28510	1.10560	(0.17950)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20930	1.24070	0.03140
	TOTAL GOVERNMENT CASE MIX INDEX	1.51471	1.49539	(0.01932)
	TOTAL CASE MIX INDEX	1.47044	1.46751	(0.00292)
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$460,834,368	\$508,737,690	\$47,903,322
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$220,701,204	\$236,696,156	\$15,994,952
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$240,133,164	\$272,041,534	\$31,908,370
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.11%	53.47%	1.37%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,987,682	\$24,103,767	\$2,116,085
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,570,938	\$13,739,767	\$1,168,829
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$5,103,750	\$6,110,468	\$1,006,718
9	BAD DEBTS	\$15,406,823	\$18,629,069	\$3,222,246
10	TOTAL UNCOMPENSATED CARE	\$20,510,573	\$24,739,537	\$4,228,964
11	TOTAL OTHER OPERATING REVENUE	\$460,834,368	\$508,737,690	\$47,903,322
12	TOTAL OPERATING EXPENSES	\$646,777,800	\$674,830,699	\$28,052,899

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,668.86850	14,491.02760	(177.84090)
2	MEDICARE	24,019.91200	23,771.61500	(248.29700)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,010.73790	8,762.32320	751.58530
4	MEDICAID	8,010.73790	8,762.32320	751.58530
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	122.08450	98.39840	(23.68610)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	264.83670	313.89710	49.06040
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	32,152.73440	32,632.33660	479.60220
	TOTAL CASE MIX ADJUSTED DISCHARGES	46,821.60290	47,123.36420	301.76130
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,554.89929	12,610.23981	55.34052
2	MEDICARE	6,276.72877	6,625.89098	349.16221
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,910.35865	7,178.87343	1,268.51478
4	MEDICAID	5,910.35865	7,178.87343	1,268.51478
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	94.28641	97.24636	2.95995
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,073.90537	1,083.05131	9.14593
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	12,281.37383	13,902.01077	1,620.63694
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	24,836.27312	26,512.25058	1,675.97747
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,110.28	\$10,818.14	\$707.85
2	MEDICARE	\$8,565.32	\$8,884.44	\$319.12
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,923.12	\$6,285.04	\$361.93
4	MEDICAID	\$5,923.12	\$6,285.04	\$361.93
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,591.21	\$3,819.49	(\$4,771.72)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,834.25	\$740.98	(\$3,093.27)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,907.12	\$8,171.19	\$264.07
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,597.36	\$8,985.16	\$387.80
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,173.18	\$9,833.11	\$659.93
2	MEDICARE	\$8,398.98	\$8,117.22	(\$281.76)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,929.93	\$5,426.46	\$496.53
4	MEDICAID	\$4,929.93	\$5,426.46	\$496.53
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,925.20	\$5,333.40	(\$1,591.79)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,990.08	\$686.78	(\$4,303.30)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,718.20	\$6,708.26	(\$9.94)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,959.21	\$8,194.56	\$235.35

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$20,503,337	\$19,316,611	(\$1,186,726)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,913,796	\$10,603,755	\$5,689,959
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$25,417,133	\$29,920,366	\$4,503,233
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,568,373,476	\$1,757,658,330	\$189,284,854
2	TOTAL GOVERNMENT DEDUCTIONS	\$676,919,448	\$785,975,793	\$109,056,345
3	UNCOMPENSATED CARE	\$20,510,573	\$24,739,537	\$4,228,964
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$240,133,164	\$272,041,534	\$31,908,370
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,570,938	\$13,739,767	\$1,168,829
6	TOTAL ADJUSTMENTS	\$950,134,123	\$1,096,496,631	\$146,362,508
7	TOTAL ACCRUED PAYMENTS	\$618,239,353	\$661,161,699	\$42,922,346
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$618,239,353	\$661,161,699	\$42,922,346
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3941914107	0.3761605357	(0.0180308750)
11	COST OF UNCOMPENSATED CARE	\$8,085,092	\$9,306,037	\$1,220,946
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$44,161,029	\$45,934,991	\$1,773,962
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$52,246,121	\$55,241,029	\$2,994,908
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.36%	57.03%	-1.33%
2	MEDICARE	42.73%	40.59%	-2.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.78%	28.30%	0.51%
4	MEDICAID	27.78%	28.30%	0.51%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	42.12%	16.33%	-25.79%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22.31%	3.70%	-18.61%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.83%	37.18%	-1.65%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	44.29%	42.68%	-1.61%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.32%	36.81%	-1.51%
2	MEDICARE	23.87%	21.63%	-2.24%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.50%	21.95%	0.45%
4	MEDICAID	21.50%	21.95%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	26.42%	20.63%	-5.79%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	24.00%	2.76%	-21.24%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	22.99%	21.75%	-1.24%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.98%	28.38%	-1.60%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$600,219,083	\$640,667,091	\$40,448,008
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$600,219,083	\$640,667,091	\$40,448,008
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,522,301	\$4,798,052	(\$7,724,249)
4	CALCULATED NET REVENUE	\$612,741,384	\$645,465,143	\$32,723,759
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$612,741,381	\$645,465,144	\$32,723,763
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3	(\$1)	(\$4)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,568,373,476	\$1,757,658,330	\$189,284,854
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$53,307,920	\$57,636,808	\$4,328,888
	CALCULATED GROSS REVENUE	\$1,621,681,396	\$1,815,295,138	\$193,613,742
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,621,681,396	\$1,815,295,138	\$193,613,742
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$20,510,573	\$24,739,537	\$4,228,964
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$8,070,452	\$12,839,126	\$4,768,674
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,581,025	\$37,578,663	\$8,997,638
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,581,025	\$37,578,662	\$8,997,637
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
I.	ACCRUED CHARGES AND PAYMENTS	
A.	INPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$274,882,321
2	MEDICARE	520,277,093
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	194,608,438
4	MEDICAID	194,608,438
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,301,100
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,293,659
	TOTAL INPATIENT GOVERNMENT CHARGES	\$717,186,631
	TOTAL INPATIENT CHARGES	\$992,068,952
B.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$336,896,879
2	MEDICARE	248,704,949
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	177,473,240
4	MEDICAID	177,473,240
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,514,310
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26,942,117
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$428,692,499
	TOTAL OUTPATIENT CHARGES	\$765,589,378
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$611,779,200
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,145,879,130
	TOTAL ACCRUED CHARGES	\$1,757,658,330
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$156,765,911
2	MEDICARE	211,197,587
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	55,071,571
4	MEDICAID	55,071,571
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	375,832
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	232,591
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$266,644,990
	TOTAL INPATIENT PAYMENTS	\$423,410,901
E.	OUTPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$123,997,843
2	MEDICARE	53,783,812
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,955,881
4	MEDICAID	38,955,881
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	518,654
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	743,821
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$93,258,347
	TOTAL OUTPATIENT PAYMENTS	\$217,256,190
F.	TOTAL ACCRUED PAYMENTS	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$280,763,754
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	359,903,337
	TOTAL ACCRUED PAYMENTS	\$640,667,091

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
A.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,289
2	MEDICARE	13,861
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,872
4	MEDICAID	7,872
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	89
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	253
	TOTAL GOVERNMENT DISCHARGES	21,822
	TOTAL DISCHARGES	32,111
B.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.40840
2	MEDICARE	1.71500
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.11310
4	MEDICAID	1.11310
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.10560
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24070
	TOTAL GOVERNMENT CASE MIX INDEX	1.49539
	TOTAL CASE MIX INDEX	1.46751
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$508,737,690
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$236,696,156
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$272,041,534
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	53.47%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$24,103,767
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,739,767
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$6,110,468
9	BAD DEBTS	\$18,629,069
10	TOTAL UNCOMPENSATED CARE	\$24,739,537
11	TOTAL OTHER OPERATING REVENUE	\$31,085,511
12	TOTAL OPERATING EXPENSES	\$674,830,699

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$640,667,091
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$640,667,091
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,798,052
	CALCULATED NET REVENUE	\$645,465,143
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$645,465,144
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$1,757,658,330
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$57,636,808
	CALCULATED GROSS REVENUE	\$1,815,295,138
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,815,295,138
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,739,537
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$12,839,126
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$37,578,663
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$37,578,662
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A.	<u>Hospital Charity Care (from HRS Report 500)</u>				
1	Number of Applicants	12,477	12,835	358	3%
2	Number of Approved Applicants	11,424	11,378	(46)	0%
3	Total Charges (A)	\$5,103,750	\$6,110,468	\$1,006,718	20%
4	Average Charges	\$447	\$537	\$90	20%
5	Ratio of Cost to Charges (RCC)	0.428621	0.406040	(0.022581)	-5%
6	Total Cost	\$2,187,574	\$2,481,094	\$293,520	13%
7	Average Cost	\$191	\$218	\$27	14%
8	Charity Care - Inpatient Charges	\$1,480,087	\$1,649,826	\$169,739	11%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,378,013	1,649,827	271,814	20%
10	Charity Care - Emergency Department Charges	2,245,650	2,810,815	565,165	25%
11	Total Charges (A)	\$5,103,750	\$6,110,468	\$1,006,718	20%
12	Charity Care - Number of Patient Days	2,335	2,229	(106)	-5%
13	Charity Care - Number of Discharges	563	524	(39)	-7%
14	Charity Care - Number of Outpatient ED Visits	1,166	1,212	46	4%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	5,259	5,087	(172)	-3%
B.	<u>Hospital Bad Debts (from HRS Report 500)</u>				
1	Bad Debts - Inpatient Services	\$4,467,979	\$5,029,849	\$561,870	13%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,159,842	5,029,848	870,006	21%
3	Bad Debts - Emergency Department	6,779,002	8,569,372	1,790,370	26%
4	Total Bad Debts (A)	\$15,406,823	\$18,629,069	\$3,222,246	21%
C.	<u>Hospital Uncompensated Care (from HRS Report 500)</u>				
1	Charity Care (A)	\$5,103,750	\$6,110,468	\$1,006,718	20%
2	Bad Debts (A)	15,406,823	18,629,069	3,222,246	21%
3	Total Uncompensated Care (A)	\$20,510,573	\$24,739,537	\$4,228,964	21%
4	Uncompensated Care - Inpatient Services	\$5,948,066	\$6,679,675	\$731,609	12%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,537,855	6,679,675	1,141,820	21%
6	Uncompensated Care - Emergency Department	9,024,652	11,380,187	2,355,535	26%
7	Total Uncompensated Care (A)	\$20,510,573	\$24,739,537	\$4,228,964	21%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$460,834,368	\$508,737,690	\$47,903,322	10%
2	Total Contractual Allowances	\$240,133,164	\$272,041,534	\$31,908,370	13%
	Total Accrued Payments (A)	\$220,701,204	\$236,696,156	\$15,994,952	7%
	Total Discount Percentage	52.11%	53.47%	1.37%	3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$784,347,703	\$908,930,149	\$992,068,952
2	Outpatient Gross Revenue	\$620,641,344	\$659,443,327	\$765,589,378
3	Total Gross Patient Revenue	\$1,404,989,047	\$1,568,373,476	\$1,757,658,330
4	Net Patient Revenue	\$575,650,377	\$612,741,381	\$645,464,533
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$614,686,051	\$646,777,800	\$674,830,699
C.	<u>Utilization Statistics</u>			
1	Patient Days	154,460	157,959	157,534
2	Discharges	31,400	31,842	32,111
3	Average Length of Stay	4.9	5.0	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	276,682	272,561	279,105
0	Equivalent (Adjusted) Discharges (ED)	56,246	54,944	56,891
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.48658	1.47044	1.46751
2	Case Mix Adjusted Patient Days (CMAPD)	229,617	232,268	231,183
3	Case Mix Adjusted Discharges (CMAD)	46,679	46,822	47,123
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	411,309	400,783	409,590
5	Case Mix Adjusted Equivalent Discharges (CMAED)	83,615	80,791	83,489
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$9,096	\$9,929	\$11,157
2	Total Gross Revenue per Discharge	\$44,745	\$49,255	\$54,737
3	Total Gross Revenue per EPD	\$5,078	\$5,754	\$6,297
4	Total Gross Revenue per ED	\$24,979	\$28,545	\$30,895
5	Total Gross Revenue per CMAEPD	\$3,416	\$3,913	\$4,291
6	Total Gross Revenue per CMAED	\$16,803	\$19,413	\$21,053
7	Inpatient Gross Revenue per EPD	\$2,835	\$3,335	\$3,554
8	Inpatient Gross Revenue per ED	\$13,945	\$16,543	\$17,438

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$3,727	\$3,879	\$4,097
2	Net Patient Revenue per Discharge	\$18,333	\$19,243	\$20,101
3	Net Patient Revenue per EPD	\$2,081	\$2,248	\$2,313
4	Net Patient Revenue per ED	\$10,234	\$11,152	\$11,346
5	Net Patient Revenue per CMAEPD	\$1,400	\$1,529	\$1,576
6	Net Patient Revenue per CMAED	\$6,885	\$7,584	\$7,731
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$3,980	\$4,095	\$4,284
2	Total Operating Expense per Discharge	\$19,576	\$20,312	\$21,016
3	Total Operating Expense per EPD	\$2,222	\$2,373	\$2,418
4	Total Operating Expense per ED	\$10,928	\$11,772	\$11,862
5	Total Operating Expense per CMAEPD	\$1,494	\$1,614	\$1,648
6	Total Operating Expense per CMAED	\$7,351	\$8,006	\$8,083
H.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$100,307,204	\$104,116,810	\$96,936,155
2	Nursing Fringe Benefits Expense	\$26,305,917	\$26,422,533	\$26,485,580
3	Total Nursing Salary and Fringe Benefits Expense	\$126,613,121	\$130,539,343	\$123,421,735
I.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$12,923,717	\$10,413,391	\$4,418,450
2	Physician Fringe Benefits Expense	\$3,389,290	\$2,617,901	\$1,200,857
3	Total Physician Salary and Fringe Benefits Expense	\$16,313,007	\$13,031,292	\$5,619,307
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$124,767,276	\$125,547,365	\$142,595,158
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$32,720,657	\$31,840,979	\$39,027,868
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$157,487,933	\$157,388,344	\$181,623,026
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$237,998,197	\$240,077,566	\$243,949,763
2	Total Fringe Benefits Expense	\$62,415,864	\$60,881,413	\$66,714,305
3	Total Salary and Fringe Benefits Expense	\$300,414,061	\$300,958,979	\$310,664,068

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(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	1364.4	1307.4	1330.2
2	Total Physician FTEs	75.5	62.6	38.5
3	Total Non-Nursing, Non-Physician FTEs	2148.6	2184.4	2325.8
4	Total Full Time Equivalent Employees (FTEs)	3,588.5	3,554.4	3,694.5
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$73,517	\$79,637	\$72,873
2	Nursing Fringe Benefits Expense per FTE	\$19,280	\$20,210	\$19,911
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$92,798	\$99,847	\$92,784
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$171,175	\$166,348	\$114,765
2	Physician Fringe Benefits Expense per FTE	\$44,891	\$41,820	\$31,191
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$216,066	\$208,168	\$145,956
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$58,069	\$57,475	\$61,310
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$15,229	\$14,577	\$16,780
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,298	\$72,051	\$78,091
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$66,322	\$67,544	\$66,031
2	Total Fringe Benefits Expense per FTE	\$17,393	\$17,128	\$18,058
3	Total Salary and Fringe Benefits Expense per FTE	\$83,716	\$84,672	\$84,088
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,945	\$1,905	\$1,972
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,567	\$9,452	\$9,675
3	Total Salary and Fringe Benefits Expense per EPD	\$1,086	\$1,104	\$1,113
4	Total Salary and Fringe Benefits Expense per ED	\$5,341	\$5,478	\$5,461
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$730	\$751	\$758
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,593	\$3,725	\$3,721